

(REFERENCE COPY - Not for submission)

# Broadcast Equal Employment Opportunity Program Report

FRN: **0006374490** File Number: **0000123602** Submit Date: **10/01/2020** Call Sign: **WECN** Facility ID: **19561** City:

NARANJITO State: PR

Service: Full Service Television Purpose: EEO Report Status: Received Status Date: 10/01/2020 Filing Status:

**Active** 

# General Information

Section	Question	Response
Attachments	Are attachments (other than associated schedules) being filed with this application?	No

## Licensee Information

#### **Licensee Name, Type and Contact Information**

Applicant	Address	Phone	Email	Applicant Type
ENCUENTRO CHRISTIAN NETWORK  Doing Business As: ENCUENTRO CHRISTIAN  NETWORK	Lilliam Perez P. O. BOX 310 BAYAMON, PR 00960 United States	+1 (787) 999- 1473	WECN19@GMAIL. COM	COR

# **Contact Representatives**

Contact Name	Address	Phone	Email	Contact Type
DAVINA SASHKIN , ESQ . FLETCHER, HEALD &HILDRETH, PLC	1300 NORTH 17TH STREET 11TH FLOOR ARLINGTON, VA 22209 United States	+1 (703) 812- 0458	SASHKIN@FHHLAW. COM	Legal Representative

### **Common Stations**

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
19561	WECN	NARANJITO	PR	No

### Program Report Questions

Section	Question	Response
Discrimination Complaints	Have any pending or resolved complaints been filed during this license term before any body having competent jurisdiction under federal, state, territorial or local law, alleging unlawful discrimination in the employment practices of the station(s)?	No
Full-time Employees	Does your station employment unit employ fewer than five full-time employees? Consider as "full-time" employees all those permanently working 30 or more hours a week?	Yes

#### Certification

Question Response

The undersigned certifies that he or she is (a) the party filing the report, or an officer, director, member, partner,	
trustee, authorized employee, or other individual or duly elected or appointed official who is authorized to sign on	
behalf of the party filing the report; or (b) an attorney qualified to practice before the Commission under 47 C.F.	
R. Section 1.23(a), who is authorized to represent the party filing the report, and who further certifies that he or	
she has read the document; that to the best of his or her knowledge, information, and belief there is good ground	
to support it; and that it is not interposed for delay	
Certified Date	10/01
	/2020
Certified Title	Manager
Authorized Party Name	Lillian
	Perez

### **Attachments**

No Attachments.